245.30 Childhood Immunizations

Overview

Introduction

Immunizations are an important component of preventive health care for children. Promoting childhood immunizations is one way WIC agencies can increase and improve access to health care for program participants.

Immunization goal

The immunization goal in Healthy Iowans 2012-2016 included a state goal to increase immunization coverage for all universally recommended vaccines for the following populations: children 19-35 months of age. The target goal was 90% and results showed an increase from the baseline of 42.5% coverage (combined 7-vaccine series) to 73.5% in 2016. While the 2017 – 2021 plan doesn't specify an immunization goal for this population, work should continue to meet the 90% target.

WIC role in promoting immunization s

WC agencies can promote immunizations by:

- Screening or assessing infants and children for immunization coverage,
- Advocating for accessible immunization services,
- Encouraging policies that make immunizations easier to obtain,
- Assisting parents to keep accurate records of their child's immunizations,
- Referring families to immunization providers,
- Following up on referrals, and
- Sharing immunization information with other providers.

Policy reference

- MPSF:WC-03-10-P: WIC Confidentiality Sharing WIC Participant Data With Immunization Programs and/or Registries
- MPSF:WC-01-35-P: Immunization Screening and Referral in WIC

In this policy

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Screening and Referral

Introduction

This section of the policy describes the screening and referral responsibilities in the WIC clinic.

Policy

Local agency WIC personnel are required to:

- Ask all parents/caretakers of infants and children to bring immunization records to clinic appointments and plan to review the record in IRIS or Signifycommunity if one is not available.
- Screen immunization status using a documented record and a current immunization schedule.
- Record immunization status, as verified by a documented record, in the infant's or child's electronic record.
- Provide information about community resources for immunizations.

<u>Note</u>: A documented record may be either a paper record or computerized record originating from the immunization provider. Examples include a certificate from the immunization registry or a certificate from a medical provider.

Local agency options for screening

Local WIC agencies may choose to either complete a full assessment of the immunization record or use the minimum screening protocol (i.e., count the number of doses of DtaP).

Full assessment

This option requires personnel to compare the child's complete immunization coverage with the recommendations of the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention (CDC). This option is essential if immunizations are to be provided at the WIC clinic. Local WIC programs with the capacity to perform more comprehensive screening are encouraged to do so.

Minimum screening protocol

This option requires personnel to compare the child's immunization coverage with the recommendations for completion of the DTaP (diphtheria and tetanus toxoids and acellular pertussis) series. The recommendations based on age are listed in the table below:

If the child is	THEN the child should have
3 months old	1 dose of DTaP
5 months old	2 doses of DTaP
7 months old	3 doses of DTaP
19 months old	4 doses of DTaP

Note: The minimum screening protocol was developed by CDC and the American Academy of Pediatrics specifically for use in WIC programs. The purpose of the protocol is to identify children under age two who may be at risk for under-immunization. It is not meant to fully assess a child's immunization status, but allows WIC to effectively fulfill its role as an adjunct to health care by ensuring that children who are at risk for under-immunization are referred for appropriate care.

Documenting status

The table below describes the appropriate actions based on the presence of a documented record.

IF the child has	THEN
A documented record	• Screen immunization status using the record, ask
brought in by the parent	parent/caretaker if any immunizations have been given since the
	record was given to them. If parent/caretaker says
	immunizations have been administered since the record was
	given to them proceed as if no record is available.
	• Remind the parent/caretaker when the next immunizations are
	due,
	Provide education and written information regarding
	immunization services in the area, and
	• In the WIC data system, document the child's immunization
	status.
No record brought in by	• Let the parent/caregiver know you can look the child up in the
the parent	Signifycommunity or IRIS system and use the
	Signifycommunity or IRIS system to screen their immunization
	status.
	• Remind the parent/caretaker when the next immunizations are
	due,
	Provide education and written information regarding
	immunization services in the area, and
	• In the WIC data system, document the child's immunization
	status.

Notes:

- Immunization records may be reviewed by any WIC staff member trained to screen records.
- Infants <2 months of age are assumed to be up-to-date for purposes of WIC data collection because routine immunizations begin at two months of age. Choose the response "Yes", to the question "Can we look over the child's shot record today?" in the WIC data system.

Requesting immunization records from other sources

A release of information is needed when a WIC agency requests immunization records from another agency such as a private provider.

<u>Note:</u> A release is not needed when requesting information from local and state immunization programs (including Child Health programs) affiliated with the Iowa Department of Public Health.

Screening and Referral, Continued

Referral sources WIC agencies should provide written information to participants about the available immunization providers in the service area. Desirable information includes contact information, time and location of clinics, costs for services and whether an appointment is needed.

The table below lists potential sources and locations for immunizations.

Source	Location
County Public Health Department	Each county provides immunizations
Child Health Program (Title V)	Clinics in the community that may or may not
	be co-located with WIC*
	*If the agency is providing direct services
Community Health Centers	Cedar Rapids
	Council Bluffs
	• Davenport
	• Des Moines
	Dubuque
	Fort Dodge
	• Leon
	• Ottumwa
	Sioux Center
	• Sioux City
	• Storm Lake
	• Waterloo
	West Burlington
	Note: Satellite offices may be available in
	other communities, contact one of these main
	offices to inquire or go to www.ianepca.com.
Physicians	Physician's office

Coordinating WIC Services with Immunization Providers

Introduction

WIC agencies can promote immunizations by coordinating with immunization programs and community providers. Coordinating activities include:

- Referring participants to sources of immunizations,
- Co-locating WIC clinics with immunization clinics, and
- Advocating for accessible services in the community.

Vaccine for Children Program (VFC)

The Iowa Department of Public Health participates in the Vaccine for Children Program (VFC). Local public health agencies, community health centers, and multiple private health care providers participate in the VFC Program. Children eligible for VFC vaccine include the following:

- Children enrolled in Medicaid,
- American Indian and Alaska Native children,
- Children with no insurance, and
- Under-insured children (children who have health insurance but the insurance plan does not cover immunizations) and are eligible to be seen at federally qualified health centers (FQHC), rural health clinics and public health facilities.

Other sources of coverage

Other sources of immunization coverage include:

- Third-party payers that may cover immunizations (depending on the health plan)
- hawk-i (the state children's health insurance program)
- Some county health departments provide immunizations through private stock vaccines to children not covered by VFC. In these instances, a small fee may be charged.

Promoting Immunizations

Introduction

This section of the policy describes other strategies to promote immunizations.

Providing information

A variety of materials are available to promote childhood immunizations and provide information including:

- Posters
- Pamphlets
- Immunization schedules, and
- Immunization records for parents to keep.

Selecting print materials

Select print materials that:

- Include up-to-date information,
- Contain culturally relevant pictures and messages,
- Are written at an appropriate reading level, and
- Are available in languages other than English.

Reducing barriers

WIC staff can be instrumental in reducing barriers for participants to receive immunizations. Assist participants in overcoming these barriers by providing information that includes time and locations of immunization clinics, cost information, how to make an appointment if one is needed, available walk-in times, transportation assistance (e.g. travel vouchers, bus schedule, clinics near a bus route).

When immunizations are provided at the WIC clinic site, increased immunization rates can be achieved by removing barriers such as requiring an appointment, a physical examination or a physician's prescription before receiving immunizations.

Current immunization schedules

Current immunization schedules are available from:

- · Any local public health agency,
- · http://idph.iowa.gov/immtb/immunization/schedule
- · The Iowa Immunization Program at 1-800-831-6293,
- · www.cdc.gov/vaccines, and
- · www.immunize.org.

Note: Information in other languages can be found at www.immunize.org.

Recording Immunization Data in the State Registry (IRIS)

Policy

A release of information must be signed by the parent/caretaker before immunization data can be recorded by WIC staff into the state registry (Immunization Registry Information System or IRIS). IRIS includes patients' immunization history and details about immunizations administered onsite by WIC personnel. The signed release form is valid for the entire certification period. A new form is needed for each certification.

Funding

As an adjunct to health services, the WIC Program's role in immunization screening and referral is to support existing funded immunization activities. The purchase of vaccines and delivery of immunizations remain unallowable costs to WIC.

About IRIS

IRIS is a computerized registry that permanently stores Iowans' immunization records and can be used by health care providers to remind parents when vaccines are due. Information in the registry is confidential. Access to IRIS is limited to enrolled health care professionals who must follow a strictly enforced set of rules on how they can use the information. More information is available at https://iris.iowa.gov.

Procedure

Follow the steps in the table below to obtain the parent/caretaker's consent.

Step	Action
1	Describe IRIS and the benefits of having a child's immunization history available
	through this registry.
2	Review the release form and discuss each provision.
3	Ask the parent/caretaker to check Yes or No, sign the form and date it.
4	Ask the parent/caretaker to check Yes or No, sign the form and date it.
5	File copy for data entry at a later time according to agency policies.
6	Discard the copy when data entry has been completed

<u>Note</u>: This consent form must be discussed after WIC eligibility has been determined. Doing so will prevent the parent/caretaker from believing that signing the consent form is a condition of program participation.

Documenting immunization data for data entry

If a WIC clinic does not have onsite access to IRIS, the child's immunization data must be recorded for later data entry. Two options follow:

- Make a photocopy of the child's immunization record, or
- Copy the child's record onto your agency immunization tracking form (if applicable).

Release form

A copy of the form is found in Policy 245.30A.